

**COMPLIANCE CHECKLIST**

► **Mental Health Counseling Clinics**

The following Checklist is for plan review of clinic facilities, and is derived from the Clinic Licensure Regulations 105 CMR 140.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (\_\_\_\_) of this Checklist must be filled in with one of the following checklist symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (\_\_\_\_) before the section title (e.g. E COUNSELING ROOMS). If more than one space serves a given required function (e.g. exam room), two checklist symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.  
  

<b>X</b> = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.	<input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.
<b>E</b> = Requirement relative to an existing facility or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project and <i>does not pertain to a required support space</i> for the specific service affected by the project.	<b>W</b> = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).
3. Requirements referred to as "Policies" are DPH interpretations of the Regulations.

Facility Name:

.....

Facility Address:

.....

Satellite Name: (if applicable)

Building/Floor Location:

.....

Satellite Address: (if applicable)

.....

Submission Dates:

Project Description:

Initial Date:

Revision Date:

.....

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

**ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**140.122 COVERAGE OF LICENSE

License is valid only for premises & specific services authorized by the Department.

Policy ☐ Clinic is clearly identifiable

140.202 RECEPTION & OFFICE AREAS

- ☐ Reception area
- ☐ Waiting area
- ☐ Administrative & staff offices
- ☐ Locked storage of patient records

140.203 COUNSELING ROOMS

- ☐ Designed to safeguard patient dignity & sight/sound privacy
- ☐ Floor to ceiling partitions
- ☐ Partitions & ceiling designed for minimum sound transmission

140.205 TOILET FACILITIES

- ☐ Conveniently located
- ☐ Adequate for patients & personnel
- ☐ Handicapped accessible

- ☐ Handwashing station
- ☐ Soap dispenser
- ☐ Paper towels or electric hand dryer
- ☐ Waste receptacle
- ☐ Exhaust ventilation

140.206 JANITOR'S CLOSET

- ☐ Space for housekeeping equipment
- ☐ Door equipped with lock
- ☐ Storage space for cleaning compounds

- ☐ Service sink or floor receptacle
- ☐ hot & cold water
- ☐ Exhaust ventilation

140.207 STORAGE SPACE

- ☐ Storage space adequate for office supplies

140.208 VENTILATION

- ☐ All rooms that do not have operable windows, as well as toilet rooms and utility rooms, must be provided with satisfactory mechanical ventilation.

140.209/ HANDICAPPED ACCESSIBILITY

- Policy ☐ Handicapped accessible parking space
- ☐ adjacent to clinic building
  - ☐ Barrier-free route of access between parking space & entrance to clinic building
  - ☐ Entrance to clinic building at sidewalk level **or** ☐ Access ramp located between sidewalk & entrance to clinic building
  - ☐ All doors for access to the clinic from outside at least 3'-0" wide
  - ☐ Ends of corridors include wheelchair turnaround spaces
  - ☐ Clinic suite is located on first floor **or** ☐ Access by elevator sized & equipped for handicapped access
  - ☐ Handicapped accessible toilet room on same floor as clinic
  - ☐ opens into clinic **or** ☐ opens into common building corridor
  - ☐ Clinic includes one counseling room sized to receive wheelchairs patients & is equipped with a 3'-0" wide door